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## BIB DATA SHEET

CONFIRMATION NO. 8036

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. KM-M1	
09/544,341	04/06/2000	623	3774		
<b>APPLICANTS</b> Kevin A. Mansmann, M.D., Paoli, PA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/127,905 04/06/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/23/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /WILLIAM H MATTHEWS/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> PATRICK D. KELLY 11939 MANCHESTER #403 ST. LOUIS, MO 63131 UNITED STATES					
<b>TITLE</b> Semi-permeable membranes to assist in cartilage repair					
<b>FILING FEE RECEIVED</b> 610	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		